

CIP/PCT NATIONAL/PLANT
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL
DECLARATIONS

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED

ILLUMINATION APPARATUS

the specification of which (CHECK applicable BOX(ES))

X A. ☒ is attached hereto.
B. ☐ was filed on _____ as U.S. Application No. _____ /
C. ☐ was filed as PCT International Application No. PCT/ _____ / on _____
and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. Except as noted below, I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT International Application which designated at least one other country than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International Application, filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

PRIOR FOREIGN APPLICATION(S)

Date first Laid-

Date Patented

Number Country Day/MONTH/Year Filed open or Published or Granted Priority NOT Claimed

P. 2000-296635 Japan 28/September/2000

(If more than one foreign application, X box at bottom and continue on attached page.)

Except as noted below, I hereby claim domestic priority benefit under 35 U.S.C. 119(e) or 120 and/or 365(c) of the indicated United States applications listed below and PCT International applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

PRIOR U.S. PROVISIONAL NONPROVISIONAL AND/OR PCT APPLICATION(S)

Status

Priority NOT Claimed

Application No. (series code/serial no.) Day/MONTH/Year Filed pending, abandoned, patented

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Winthrop LLP, Intellectual Property Group, telephone number (202) 861-3000 (to whom all communications are to be directed), and persons of that firm who are associated with USPTO Customer No. 509 (see below label) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete from that Customer No. 509 names of persons no longer with their firm, to add new persons of their firm to that Customer No., and to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization with which I first sent/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct the above firm and/or an attorney of that firm in writing to the contrary.



00909

(1) INVENTOR'S SIGNATURE: Dinomi Shibata

Date: September 21, 2001

Name	Minozu		Shibata
	First	Middle Initial	Family Name
Residence	Nishikasugai-gun		Aichi, Japan
	City	State/Foreign Country	Country of Citizenship
Mailing Address	c/o TOYODA GOSEI CO., LTD., 1, Nagahata, Ochiai, Haruhi-cho,		
(include Zip Code)	Nishikasugai-gun, Aichi 452-8564 Japan		

(2) INVENTOR'S SIGNATURE: Osamu Yamanaka

Date: September 21, 2001

Name	Osamu		Yamanaka
	First	Middle Initial	Family Name
Residence	Nishikasugai-gun		Aichi, Japan
	City	State/Foreign Country	Country of Citizenship
Mailing Address	c/o TOYODA GOSEI CO., LTD., 1, Nagahata, Ochiai, Haruhi-cho,		
(include Zip Code)	Nishikasugai-gun, Aichi 452-8564 Japan		

☒ FOR ADDITIONAL INVENTORS see attached page.

☐ See additional foreign priorities on attached page (incorporated herein by reference).

Atty. Dkt. No. _____

(M#)

DECLARATION AND POWER OF ATTORNEY

(continued)

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ADDITIONAL INVENTORS:

3. INVENTOR'S SIGNATURE: Masanobu Muto September 21, 2001
DateInventor's Name (typed) Masanobu Muto Japan

First Middle Initial Family Name Country of Citizenship

Residence (City) Nishikasugai-gun (State/Foreign Country) Aichi, JapanPost Office Address (Include Zip Code) c/o TOYODA GOSHI CO., LTD., 1, Nagahata, Ochiai, Haruhi-cho,
Nishikasugai-gun, Aichi 452-8564 Japan

4. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____

First Middle Initial Family Name Country of Citizenship

Residence (City) _____ (State/Foreign Country) _____

Post Office Address (Include Zip Code) _____

5. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____

First Middle Initial Family Name Country of Citizenship

Residence (City) _____ (State/Foreign Country) _____

Post Office Address (Include Zip Code) _____

6. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____

First Middle Initial Family Name Country of Citizenship

Residence (City) _____ (State/Foreign Country) _____

Post Office Address (Include Zip Code) _____

7. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____

First Middle Initial Family Name Country of Citizenship

Residence (City) _____ (State/Foreign Country) _____

Post Office Address (Include Zip Code) _____

8. INVENTOR'S SIGNATURE: _____ Date _____

Inventor's Name (typed) _____

First Middle Initial Family Name Country of Citizenship

Residence (City) _____ (State/Foreign Country) _____

Post Office Address (Include Zip Code) _____

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.